

FILM

# The Family Court of the State of Delaware

For ☐ New Castle ☐ Kent ☐ Sussex County

## PETITION FOR PARENTAGE DETERMINATION

### Petitioner

Name	DOB	
Address		
City	State	Zip
Social Security No.	Attorney	

### Respondent

Name	DOB	
Address		
City	State	Zip
Social Security No.	Attorney	

File Number
CPI Number(s)

In the interest of the following child:

Name of Child	Address	Date of Birth
City	County	State
Child's Place of Birth		
Alleged father's Place of birth:		

Petitioner alleges:

- ☐ \_\_\_\_\_ is the father of the above-named child.
- ☐ \_\_\_\_\_ is named as the father on the birth certificate.
- ☐ Other: \_\_\_\_\_

WHEREFORE, Petitioner requests a judicial determination of the paternity of the above-named child.

If the Petitioner also requests that the child's name be changed, the requested name for the child is \_\_\_\_\_, and an affidavit in support of the request in compliance with 13 Del. C., Subsection 819 is attached.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner/Attorney

(over)

\_\_\_\_\_  
Address (if not stated above)

## AFFIDAVIT OF PATERNITY

ANSWER THE FOLLOWING QUESTIONS YES OR NO. IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS, COMPLETE THE BOX MARKED "PRESUMED FATHER" WITH THAT MAN'S NAME.

1. Was the child's mother married when the child was born? \_\_\_\_\_
2. Was the child born within 300 days after the termination of the mother's divorce, annulment or court-ordered separation? \_\_\_\_\_
3. If the mother married after the child's birth, has the man:
  - a. been named as the father on the child's birth certificate? \_\_\_\_\_ or
  - b. been ordered or signed a written agreement to pay child support for the child? \_\_\_\_\_ or
4. Has the child lived in the home of a man who claimed the child as his own for any period of time? \_\_\_\_\_
5. Has any man signed an "Acknowledgment of Paternity" of this child that has been filed with the Office of Vital Statistics? \_\_\_\_\_ Date filed \_\_\_\_\_

**PRESUMED FATHER(S):**

Name	
Address	
City	State Zip
Attorney	Employer Name & Address
Hm Ph#	
Wk Ph#	
Social Security Number	DOB

Name	
Address	
City	State Zip
Attorney	Employer Name & Address
Hm Ph#	
Wk Ph#	
Social Security Number	DOB

\_\_\_\_\_  
Affiant

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public